

STATE AGENCIES & HIGHER EDUCATION VEHICLE WORKSHEET

Customer Account Number _____

Phone () _____ Fax Number () _____

Agency Name _____

IMPORTANT: For accuracy and faster completion of request please make sure “all information” is filled out on this form.

Address _____

*** DAS codes need to be completed by all State agencies**

City _____ State _____ Zip _____

Contact Name _____

Add =A Change=C Delete=D	Card Number	Fleet Anywhere equipment ID	Vehicle Description -Year/Make/Model	Fuel Type	Tank Size	# fills day	# fills month	Owned - OWN Capital Lease - CAP Full Lease - FULL

GAS CARD HELP DESK 1-800-678-3440 or 538-3440

Karen Kraus (801) 526-0188 fax: (801) 236-2189

Kathryn Anderson (801) 619-7231 fax: (801) 619-7258

DATE: _____